EFRC DISPOSITION WORKSHEET

Re: IV 2505884 / 2483294

Subject: Edgar Cuevas #

Investigator: Sgt. Henry Ortega, Internal Affairs Bureau

Advocate: Sgt. Nikio Caffery, Advocate

DISPOSITION OF CHARGES

The following charges were prepared by the Advocacy Unit. Please indicate your disposition of the potential charges, and put any additional sustained charges (with reference to the investigation) on attached sheet(s).

Potential Charge(s):

The evidence in this investigation supports the following charges:

- 1. That in violation of Manual of Policy and Procedures Section 3-01/030.10 Obedience to Laws, Regulations and Orders, as it pertains to 3-10/050.15 Performance to Standards Performance Associated with the Use of Force; and/or 3-10/150.00, Tactical Incidents; and/or 5-09/220.50, Foot Pursuits, on or about May 12, 2019, while on-duty and assigned to Compton Station, Subject Cuevas, failed to perform to the standards established for his rank of Deputy Sheriff, and/or failed to perform his duties in a manner which established and maintained the highest standard of efficiency in carrying out the functions and objectives of the Department, when he took independent action and/or used strategies and/or tactics which failed to comply with Department policies, and/or procedures, and/or training, as evidenced by, but not limited to:
 - failing to broadcast radio traffic of required information via a dispatch frequency with the Sheriff's Communication Center upon initiation of the pursuit; and/or,
 - failing to communicate, via radio, to his partners he was about to approach and/or he was about to detain Suspect Blas; and/or,
 - failing to coordinate with additional units in establishing and/or maintaining a containment for Suspect Blas; and/or;
 - failing to formulate with additional units a tactical plan prior to approaching and/or contacting Suspect Blas; and/or,
 - e. approaching, and/or closing the distance between himself and Suspect Blas, without an exigency and/or emergency and/or additional units.

Evidence Reference:	
Defenses/Conflicting Evidence:	
Disposition:	
XCharge founded as delineatedCharge founded as modifiedCharge unresolvedCharge unfounded	
Discipline Assessment	
Review of Applicable Guidelines for discipline Section	on:
The Department's "Guidelines for Discipline" (September Analogous misconduct with associated disciplinary penalogous	
Conduct	Standard Discipline
 Obedience to Laws, Regulations and Orders Performance to Standards - Performance Associated with the Use of Force Tactical Incidents 	W/R to Discharge

Foot Pursuits

Determination of Discipline:

Based upon the attached assessment of mitigating and aggravating factors, the following discipline has been determined to be appropriate. This discipline is subject to revision upon receipt of the subject's response of grievance.

	Discharge
,	Reduction in Rank
X	Suspension with loss of pay and benefits for <u>3</u> days
	Written Reprimand
	No discipline

Assessment of Mitigating and Aggravating Factors:

The following describe the mitigating and aggravating factors in the determining the discipline in this investigation. Those factors include:

Intent Truthfulness

Past Performance Severity of Infraction

Degree of Culpability Acceptance of Responsibility

Disciplinary History Other Factors

Management has considered the subject's performance, which is documented in the Subject's Department personnel file, and those documents not contained in that file which are attached to the disposition worksheet.

Los Angeles County Sheriff's Department Officer Involved Shooting

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Report Date: 02/	13/20	20	E	Bureau/Station/Facility: Central Pa	itro	I Division / Com	pton S	Station	Adm	in. Invest.?		Hit?	
					lin	cident Informati	on		•				
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City or Station:		· · · · · · · · · · · · · · · · · · ·			٠,	Nature of Incident:					Hours		
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Industrial					_	Moving Vehicle			Other				
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SUPPLEMENTAL EMPLOYEE WITNESSES Los Angeles County Sheriff's Department

Page 2 of 6

Employee Wit	tnesses			
Last Name	Walker (#	First Name	Latosha	^{M.I.} S.
Street Address	301 S. Willowbrook Avenue, Compton	Zip Code 90220	Work Ph (310) 605-6500	Home Ph
Last Name	Hubbard (#	First Name	James	M.I. F
Street Address	301 S. Willowbrook Avenue, Compton	Zip Code 90220	Work Ph (310) 605-6500	Home Ph
Last Name	Butler (#	First Name	Natasha	M.I.
Street Address	301 S. Willowbrook Avenue, Compton	Zip Code 90220	Work Ph (310) 605-6500	Home Ph
Last Name	Johnson (7	First Name	Eric	M.1.
Street Address	301 S. Willowbrook Avenue, Compton	Zip Code 90220	Work Ph (310) 605-6500	Home Ph
Last Name	Juarez (#	First Name	Jaime	M.I.
Street Address	301 S. Willowbrook Avenue, Compton	Zip Code 90220	Work Ph (310) 605-6500	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
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SUPPLEMENTAL NON-EMPLOYEE WITNESSES Los Angeles County Sheriff's Department

Page 3 of 6

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Officer Involved Shooting

URN:

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					Rollout Inform	ation								
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FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S1	E1	UC					NN	
S1	E1	FH	SW	38			NN	
E1	S1	FH	SS	9	Y	Y	NN	
page 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1								
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Officer Involved Shooting Involved Employee Information

019-07068-2825-055 URN: 5 6 Page of Involved Employee First Name Last Name Employee # E 1 S. Cuevas Edgar Sex: M Unit Assignment: Work Assignment (Unit #, Module, etc.) Race Rank B-1 Compton Station Unit 282D Substance Used: ShiftType (circle only one): ShiftTime (circle only one): Intoxication/Drug Usage? ✓ Regular Overtime Off Duty EM ✓ PM Day Coroner Case # Hospital Name: Hospital Admission? Coroner Case? Interviewed? Other Factors: Clothing (circle only one) Hrs of sleep prior to shooting: Duty 8 Plain Clothes no Vest Raid Jacket w/ Vest E1 was on his first shift after three Plain Clothes w/ Vest Uniform no Vest Height: Weight: Age: consecutive regular days off. 510 210 ✓ Uniform w/ Vest Raid Jacket no Vest Range Qualification Date: PPC Qualification Date Laser Training Date: Number of Prior Prior Shootings' Directed Force Certified with Weapon Certification Unit: Patrol Certification? Shootings: Caliber # Shots Caliber Weapons Fired Weapons Fired # Shots Sig Sauer 9mm 3 Brand: Brand: M.I. First Name Field Training Officer Emp ast Name First Name M.I. Field Training Officer Emp ast Name M.I. First Name Employee # Last Name Ε Work Assignment (Unit #, Module, etc.): Unit Assignment: Sex: Race Rank Substance Used: ShiftType (circle only one): ShiftTime (circle only one): Intoxication/Drug Usage? ☐ EM ☐ PM ☐ Day Regular Overtime Off Duty Coroner Case # Hospital Name: Hospital Admission? Coroner Case? Interviewed? [Other Factors: Hrs of sleep prior to shooting: Duty Time (hrs): Clothing (circle only one) Plain Clothes no Vest Raid Jacket w/ Vest Weight: Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PPC Qualification Date Laser Training Date: Number of Prior Directed Force: Certified with Weapon Patrol Certification? Certification Unit: Prior Shootings? Shootings: Used? # Shots Weapons Fired Caliber Caliber # Shots Weapons Fired Brand: Brand: M.I. First Name Field Training Officer Emp # Last Name Field Training Officer Emp # Last Name First Name M.I. M.I. Last Name First Name Employee # E Work Assignment (Unit #, Module, etc.): Unit Assignment: Sex: Race Rank ShiftType (circle only one): Substance Used: ShiftTime (circle only one): Intoxication/Drug Usage? Regular Overtime Off Duty ☐ EM ☐ PM ☐ Day Coroner Case # Hospital Name: Interviewed? [Hospital Admission? Coroner Case? Hrs of sleep prior to shooting: Duty Time (hrs): Other Factors: Clothing (circle only one) Raid Jacket w/ Vest Plain Clothes no Vest Age: Height: Weight: Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest PPC Qualification Date: Laser Training Date: Range Qualification Date Number of Prior Directed Force Certified with Weapon Certification Unit: Prior Shootings? Patrol Certification? Shootings: Used? # Shots # Shots Weapons Fired Caliber Weapons Fired Caliber Brand: Brand:

Field Training Officer Emp #

Field Training Officer Emp #

Last Name

Last Name

First Name

First Name

M.I.

M.I.

Officer Involved Shooting Suspect Information

URN: 019-0706

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		S	uspect l	nformation		
s 1	Last Name	Morales Blas		First Name	Mario	^{М.І.} А.
Andrew Street	AKA Last Name	Manalas		First Name	14i-	M.I.
	Sex: M Race: H	Morales Street Address:		City	Mario	A. State & Zip Code
	Work Phone	Home Phone:	Social Sec	-	Driver's License #	
	N/A	N/A				
	Age: 28 D.O.B. 07/30/1990	Height: 506 Weight: 220	FBI#		CII#	
	Booking # 5627060	Primary Charge: Assault on a peace of	ficer, 245	(d)(1) PC Secondary Charge:	ssion of a firearn	n 29800(a)(1) PC
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
	Armed? 🗸	Apprehended?		Mental Illness?	Criminal History?	
	Vehicle Make	N/A		Model:	Year:	
s	Last Name		OTAL SALVES CHIEF IN	First Name		M.I.
	AKA Last Name			First Name		M.I.
	Sex: Race:	Street Address:		City		State & Zip Code:
	Work Phone:	Home Phone:	Social Sec	urity #:	Driver's License #:	
	Age: D,O.B.	Height: Weight:	FBI#		CII#	
	Booking #	Primary Charge:		Secondary Charge:		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
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	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name Sex: Race: Work Phone:	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone:	FBI#	First Name First Name City curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Model: First Name First Name City	Driver's License #: Cll # Substance Used: Criminal History? Year: Driver's License #:	M.I. State & Zip Code: M.I. M.I.
	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone: Height: Weight:	FBI#	First Name First Name City Secondary Charge: Intoxication/Drug Usage? Mental Illness? Model: First Name First Name City Surity #:	Driver's License #: Cll # Substance Used: Criminal History? Year: Driver's License #:	M.I. State & Zip Code: M.I. M.I.
	Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone: Height: Weight: Primary Charge:	FBI#	First Name City Secondary Charge: Intoxication/Drug Usage? Mental Illness? Model: First Name City Surity #:	Driver's License #: CII # Substance Used: Criminal History? Year: Driver's License #: CII #	M.I. State & Zip Code: M.I. M.I.